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CONFIRMATION NO. 7270

<b>SERIAL NUMBER</b> 10/629,838	<b>FILING OR 371(c) DATE</b> 07/30/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> SATOMI 1A
<b>APPLICANTS</b> Susumu Satomi, Miyagi, JAPAN; Hideyuki Doi, Miyagi, JAPAN; Masahiro Chin, Miyagi, JAPAN; Hiromichi Komatsu, Shizuoka, JAPAN; Hiroshi Koga, Tokyo, JAPAN;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/509,680 03/30/2000 ABN				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 265793/1997 09/30/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/24/2003</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 25
Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> 1444				
<b>TITLE</b> Remedy for hepatopathy				
<b>FILING FEE RECEIVED</b> 1876	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	